



## LVPPACE SHOLARSHIP

### RENEWAL FORM GUIDELINES

#### SPRING SEMESTER

The renewal form is available at the Association Office, 9330 W. Lake Mead Blvd, Suite 100, Monday through Friday, 7:00am-5:00pm or found on our website at [www.ppace.org](http://www.ppace.org)

#### **RENEWAL/QUALIFYING REQUIREMENTS:**

- Completed renewal form.
- Obtain and attach a copy of your current course schedule indicating the minimum credits required to qualify. The **member** must be enrolled in a minimum of six (6) credit hours for undergraduate course work and three (3) credit hours for graduate course work. The **dependent** must be enrolled in a minimum of twelve (12) credit hours.
- **ALL** paperwork must be turned in no later than Jan 30th to have the spring semester check processed.

All qualifying criteria/information/requirements must be met at the time the renewal form is submitted.

The following are the only methods of acceptable delivery to the PPACE office:

1. In Person;
2. US Mail or FED-EX;
3. 1000 miler

**Renewal forms and documentation will NOT be accepted via email or fax.**

Once submitted it will be verified that the criteria/requirements for renewal have been met. A check will be cut (made payable to the Board of Regents) and mailed to the address provided on the Scholarship Renewal Form within 72 hours of receipt at the Association Office.

## SCHOLARSHIP RENEWAL FORM SPRING SEMESTER

It is the applicant's responsibility to ensure that this application is completely filled out and all the required documents are attached.

**PRINT or TYPE**

<b>Applicant's Name (Last/First):</b>
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LVPPACE MEMBER INFORMATION			
Member's Name:			
<b>LAST</b>			
<b>FIRST</b>		<b>MI</b>	
<b>PN:</b>	<b>MEMBERSHIP ENROLLMENT DATE:</b>		

APPLICANT INFORMATION			
Applicant's Name:			
<b>LAST</b>			
<b>FIRST</b>		<b>MI</b>	
<b>DATE OF BIRTH</b>			
Applicant's Address:			
<b>Number &amp; Street</b>			
<b>City – State – Zip Code</b>			
<b>Home Phone</b>			

APPLICANT'S NAME: \_\_\_\_\_  
( LAST & FIRST NAME )

<b>APPLICANT'S SCHOLASTIC INFORMATION</b>	
<b>Full name of college/university enrolled in:</b>	
<b>Anticipated Major</b>	
<b>Occupational Goal</b>	
<b>List the Courses enrolled in and number of credits: (Attach required document)</b>	
<b>1.</b>	
<b>2.</b>	
<b>3.</b>	
<b>4.</b>	
<b>5.</b>	
<b>6.</b>	
<b>7.</b>	

We, the undersigned, declare the above to be true and understand that all decisions of the Scholarship Committee shall be final.

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**Applicant's Signature** **Date**

Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_